

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: North Dakota

CASE MANAGEMENT SERVICES

A. Target Group:

- 1) Medicaid eligible; and
- 2) At least 18 years of age; and
- 3) If under age 65, disabled by social security criteria; and
- 4) Have a diagnosis, which is not degenerative or congenital, of closed head injury that results in difficulties of executive functioning that substantially limit the individual's ability to live appropriately within society; and
- 5) Capable of living in a non-institutional setting; OR
able to move from an institutional setting (e.g. skilled nursing facility, basic care facility, hospital) within six months of first receipt of case management services.
- 6) Is not currently receiving home and community-based services through the 1915(c) Medicaid Waivers for the Traumatically Brain Injured or the Elderly & Disabled.

B. Areas of State in which services will be provided:

- Entire State.
- Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

- Services are provided in accordance with section 1902(a)(10)(B) of the Act.
- Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(B) of the Act.

D. Definition of Services:

Case Management is a combination of functions that assist individuals with traumatic brain injury to gain access to medical, social, educational and other needed services. The goals

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of this service are to promote maximum independence, minimize reliance on costly services and to assist individuals to remain in their communities. Case Management providers must make the following service components available to eligible recipients.

- ◆ Assessment of Needs - A comprehensive assessment of needs is completed using the instrument required by the State Medicaid Agency and by obtaining input from other knowledgeable persons as authorized by the applicant/client including medical information and neuropsychological evaluation. At least one home visit is required during the assessment of needs process.

If the recipient does not have a neuropsychological evaluation reflecting current behaviors and functioning, the case manager will assist with the arrangements for an evaluation within the first three (3) months.

- ◆ Care Planning - After the assessment of needs is completed, the case manager and applicant/client work together to develop a comprehensive plan taking into account:

All problems identified;
Desired outcomes;
Type(s) of help needed to achieve each desired outcome;
Services and providers that can supply the need for help;
Provider(s) the client selects;
Contingency plan.

- ◆ Care Plan Implementation and Monitoring - The case manager arranges for services as identified in the Individual Care Plan. The case manager may intervene to avert crises and to take such other steps as necessary to carry out the plan of care. Periodic reviews are conducted to determine if the services contained in the Plan continue to be appropriate, that the client is involved in the activities contained in the Plan, and review progress and satisfaction with the plan with the client and significant others.

E. Qualification of Providers:

The provision of TBI Targeted Case Management is limited to those agencies or individuals with the following qualifications:

- 1) An independent case manager provider must have a bachelor's or master's degree in social work and have a current license issued by the State of North Dakota, and Have three (3) years of professional experience with brain injured individuals.
- 2) If an agency provides the service, the case manager must have a bachelor's or

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master's degree in social work and either have three (3) years of professional experience with brain injured individuals or must be directly supervised by a social worker with at least three (3) years professional experience with brain injured individuals.

3) Be approved by the state of North Dakota as a provider of services.

F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.

1) Eligible recipients will have free choice of the providers of case management services.

2) Eligible recipients will have free choice of the providers of other medical care under the plan.

G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for this same purpose.

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